

Minnie Barbour

Died at Prigah Town Charles County MARYLAND

Date 1902 Month 6 Day 25 Age 23 Y. M. D. Native of Ind Occupation Wife

Mar Married Widow Divorced - Widow Number of children living One

Female Colored Single

Wife of Richard Barbour

Father's Name Robert T. Clement Mother's Maiden Name Alice Jackson

Cause of Death { Primary { Phthisis Pulmonalis How long sick about 3 months

Death { Immediate { Cardiac Failure (acute) (Phthisis) Accident, Suicide, Homicide

Reported by Saml L. Harmon MDAddress Mason Springs MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Dr. A. M. Brooke

Town

County

Died at *Wormwood**Charles*

MARYLAND

Date 19*04* *June* *8* | Month *June* | Day *8* | Age *73* | Y. *—* | M. *—* | D. *—* | Native of *Ind* | Occupation *Physician*

Male ☒ | White ☒ | Married ☒ | Widow ☒ | Divorced ☐ | Number of children living *4*

Female ☐ | Colored ☐ | Single ☐ | Widower ☐

Husband of *Eddie Brooke*

Wife *—*

Father's Name *—* | Mother's Name *—* | Maiden Name *—*

Cause of Death { Primary *Senile Decay* | Immediate *Cerebral Paralysis* | How long sick *2 days* | Accident, Suicide, Homicide ☐

Reported by *C. L. Council M.D.*Address *New York* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eliza Butler

CERTIFICATE OF DEATH

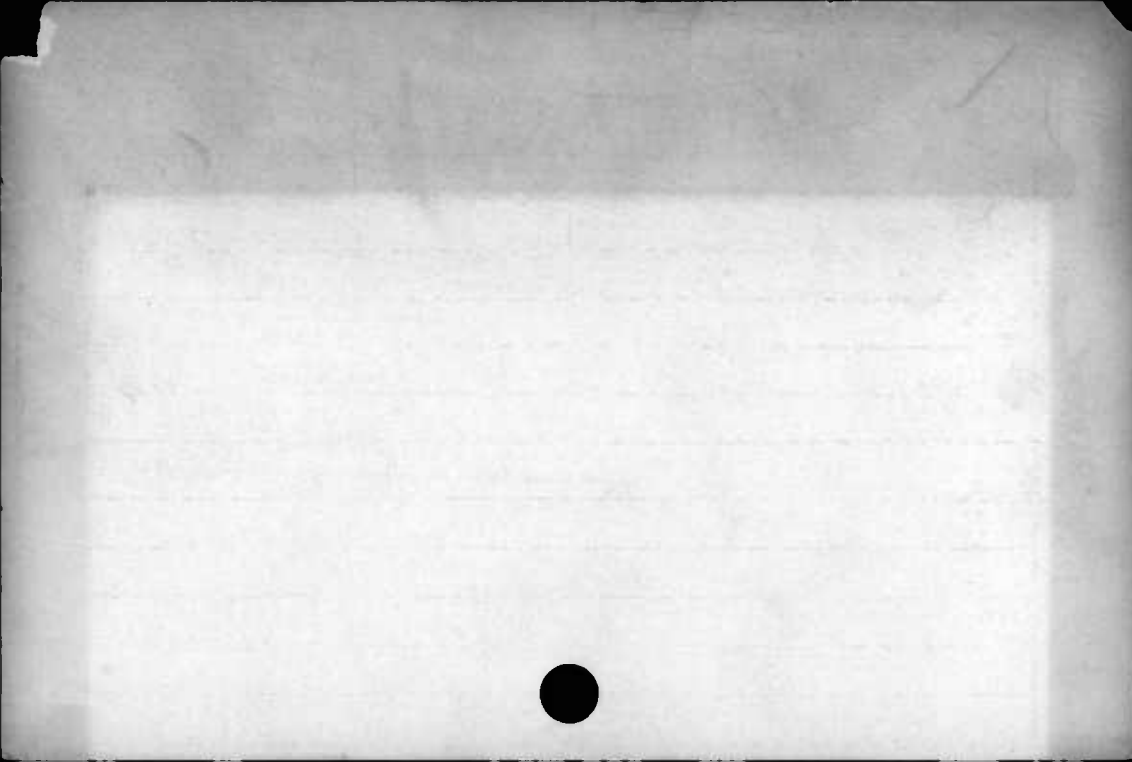
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
2		6	17	67			
Sex		Color or Race		Birth-place			
Female		Negro		Md			
Married, Single or Widowed		Occupation					
Married		House wife					
Name of Wife or Husband		Thomas Butler					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		Amiel Butler				How related to deceased	
						Son in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Aortic Regurgitation		4 yrs	
Immediate		How long	
Heart failure		Sudden	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. C. Choppe M.D.	
		Address	
		Hughesville Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Charles Lewis Cecil

Died at ^{Town} New Port^{County} Charles

MARYLAND

Date 1902 June 24 | Month Day | Y. M. D. | Age - - 7 | Native of Md | Occupation

Male White Married Widower Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name C. L. Cecil

Mother's Maiden Name Annie E. Dabbs

Cause of Death { Primary Dumb sick
 Immediate Convulsions

How long sick 7 days
 Since birth

Accident, Suicide, Homicide

Reported by C. L. Cecil M.D.

Address New Port Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thos. Albin Clements

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *02**June 12*

Age

*78**Chas Co**Farmer*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband of

Wife

Father's

Name

Mother's

Maiden Name

*Alice Hunt**Thomas Clements**Rebecca Posey*

Cause of

Primary

Hydrocele & enlarged prostate

How long sick

Death

Immediate

Expansion (per) old age

Accident, Suicide, Homicide

Reported by

Geo. H. Diggins, M.D. 154

Address

Port Tobacco Chas. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 1902

~~Married~~
 of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Number of children living

MARYLAND

Female

Colored

~~Married~~~~Widow~~

Number of children living

4

~~Married~~
 of

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Primary

Immediate

How long sick

Accident, Suicide, Homicide



Name in Full

Certificate of Death

Soloman Jackson

Town

County

Died at

Doncastle Charles

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

11 02 21

Age

17 Negro

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mr Jackson
L young

Mother's

Name

Amelia Jordan

Cause of

Primary

L young

How long sick

one week

Death

Immediate

Accident, Suicide, Homicide

Reported by

B Smith, M D

Address

Doncastle Wd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908



Name In Full

Certificate of Death

Not Married
 Town Townsend County Chas MARYLAND
 Died at Townsend
 Date 1902 Month June Day 4 Y. 1 M. 1 D. 1 Native of Ind Occupation _____
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 1
 Husband of _____
 Wife _____
 Father's Name Chas Key Mother's Maiden Name Harriet Johnson
 Cause of Death { Primary _____ How long sick _____
 Immediate _____ 151 Accident, Suicide, Homicide _____
 Reported by Chas Key
 Address Townsend
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Robert Logan

Town

County

Pomfret Charles

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6. 27

Age

54 -

Ind.

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

8.

Husband of

Wife

Father's

Name

Josephine Logan

Mother's

Robert Logan

Maiden Name

Not Known

Cause of

Primary

Typhoid fever, Wound degeneration

How long sick

3 months

Death

Immediate

Cardiac Complication & Anemia

Accident, Suicide, Homicide

Reported by

Address

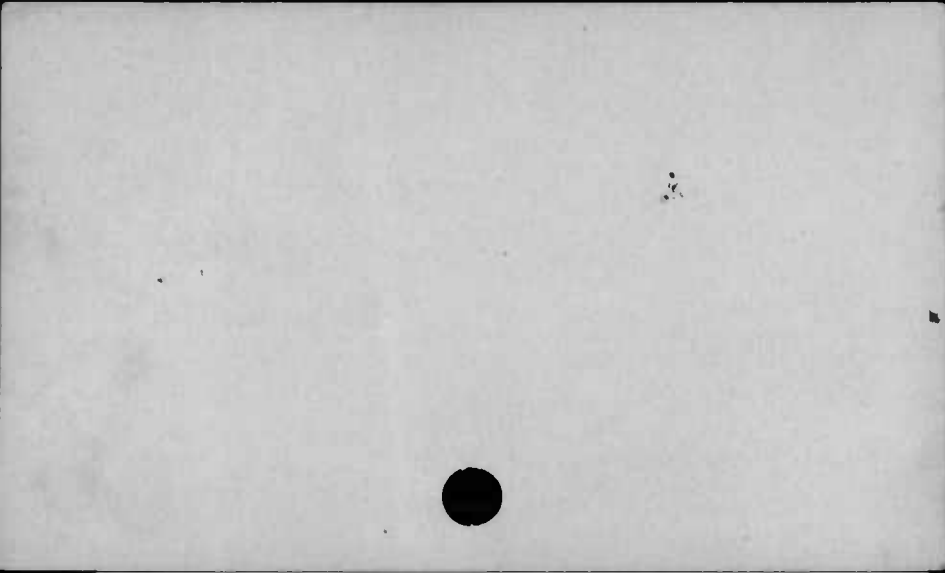
Samuel L. Harmon M.D.

Mason

Spring Inl.

Must be signed by physician in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79004



Name in Full

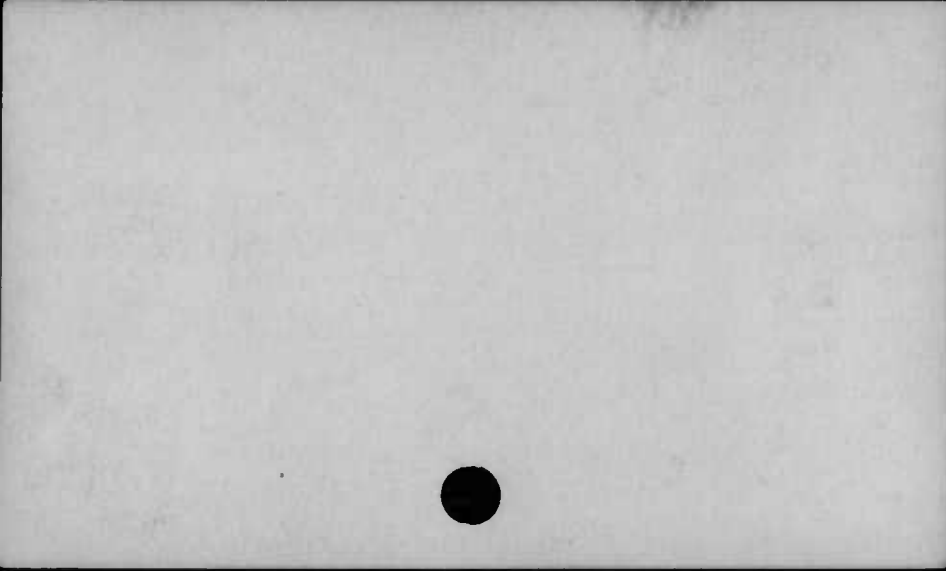
Certificate of Death

Julien, Eugene, Norris
 Town *near Port Tobacco* County *Charles* MARYLAND
 Died at *near Port Tobacco*
 Month *6* Day *28* Y. *1902* M. *49* D. *Chas Co* Native of *Chas Co* Occupation *Farmer*
 Date 19 *02* *6* *28* Age *49*
 Male *White* Married *Widow* Divorced *Chas Co*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *6*

Husband of *Helen A La Motte*
 Father's Name *A. J. Norris* Mother's Maiden Name *Elizabeth Hunt*
 Cause of Death { Primary *Bright's disease* How long sick *120*
 Immediate *Exhaustion & heart failure* Accident, Suicide, Homicide

Reported by *Mrs F. A. Diggins M.D.*
 Address *Port Tobacco Chas Co, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chas C. Perry

Town

County

Died at Harris

Charles

MARYLAND

Date 1902 June 10th

Age 79 Y. 6 M. 0 D.

Native of Va

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Elizabeth G. Lloyd

Wife

Father's

Name

Chas C. Perry

Mother's

Name

Sarah Perry

Cause of

Primary

Death

Immediate

Accident

How long sick

Accident, Suicide, Homicide

Reported by

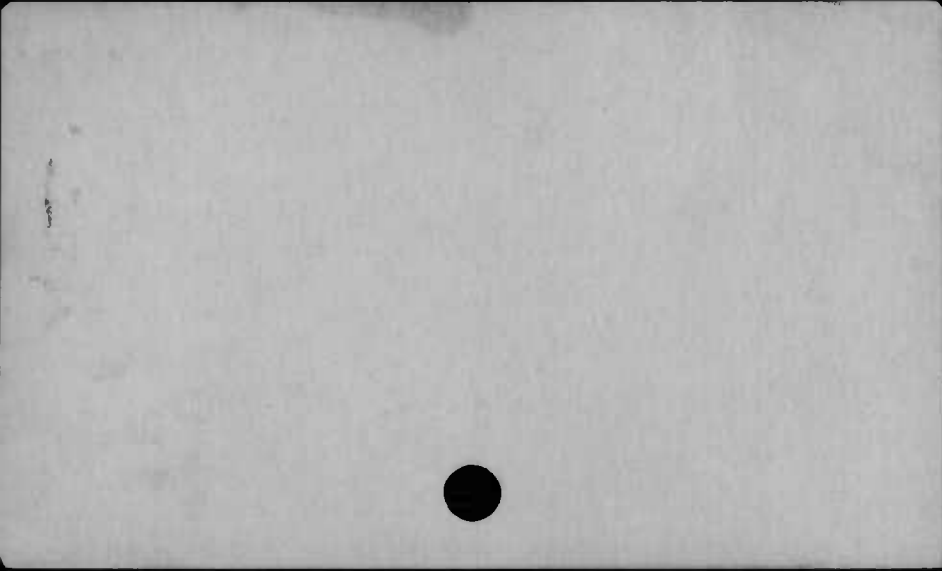
L. L. Higdon

Address

Hagerstown, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU OF RECORDS



Name in Full

Certificate of Death

Jeff Summo

Died at McConchie

Town

County

Ches

MARYLAND

Date 1902 Month 6 Day 16 Age 63 Y. M. D. Native of Chas Co Occupation Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living 1

Husband of

~~Wife~~

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Betty Linkins

John Summo

Sarah Anne

Consumption

Heart Trouble & Dropsy

Wm Henson

McConchie

How long sick

Accident, Suicide, Homicide

Nurse

m

LIBRARY BUREAU, 70002

Wm 1820

Name in Full

Certificate of Death

George Annah Thomas
 Died at near Nanjemoy Town County Charles MARYLAND
 Date 1902 June 17 Month Day Y. M. D. Native of SC Occupation School Teacher
 Male White Married Widower Divorced
 Female Colored Single Number of children living 5

Husband of Ruth Thomas
 Wife
 Father's Name Geo Simes Mother's Maiden Name

Cause of Death { Primary Immediate
 Heart failure 179
 How long sick one week
 Accident, Suicide, Homicide

Reported by Daniel Thomas

Address Nanjemoy Charles Ed Ma
 No Dr in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. at time of death



Name In Full

Certificate of Death

Rebecca A. Wilmer

Town

County

Died at Home, near M. Paul Chapel, Charles County MARYLAND

Date 1902 June 3 Age about 75- char. Co. Native of Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's Name Rev. Luther Wilmer

Mother's

Maiden Name Jane A. Wilmer

Cause of Primary General debility

How long sick 154

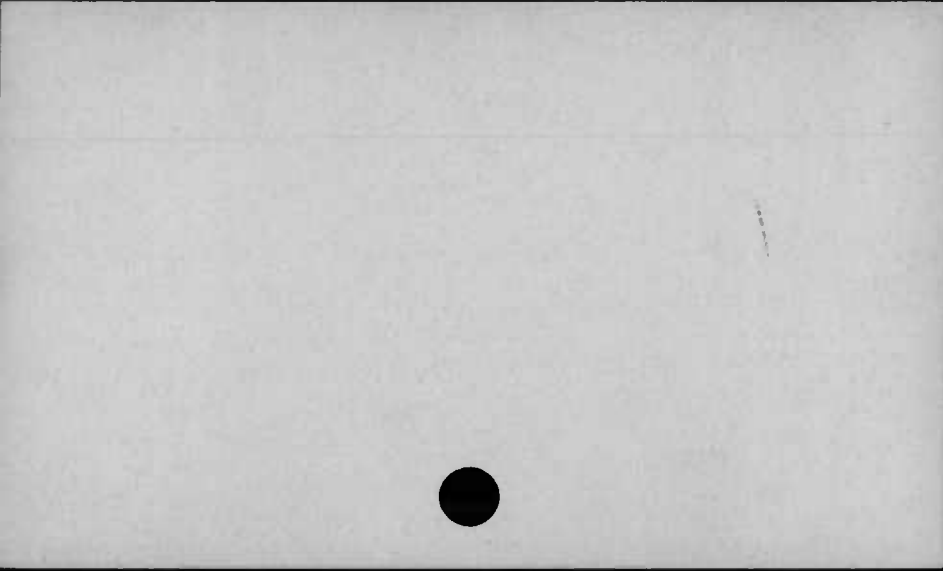
Death Immediate Heart Failure

Accident, ~~Crash~~, Homicide

Reported by J. A. Wilmer

Address La Plata

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Zachariah H. Wood
 Died at *Allens Fresh* *Charles* *MARYLAND*

Date 1902 *June 8* Age *52* - - *Charles Farmer*
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*

Husband of *Maggie Wood*
 Father's Name *William Wood* Mother's Maiden Name *Mary Hettle*

Cause of Death { Primary *Tuberculosis Pul.* How long sick *5 years*
 { Immediate *Asphyxiation* 27 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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